

Asheville Gastroenterology Associates

ERCP with Sphincterotomy, and Biliary and Pancreatic Stent Placement

This consent is for endoscopic injection of x-ray dye in the biliary and pancreatic ductal systems (ERCP). This consent is also for cutting open the common bile duct (endoscopic sphincterotomy), and placement of a plastic or metal tube (stent) into the bile duct or pancreas duct.

Patient Name _____ Date _____ Time _____

Endoscopic injection of x-ray into the biliary system and pancreatic ductal systems (ERCP), and cutting open the bile duct and pancreatic duct (sphincterotomy), and placement of a plastic or metal tube (stent) into the bile duct or pancreas duct.

The nature of this procedure, the benefits of the procedure, and possible alternative methods of diagnosis and treatment (including the option of doing nothing) have been explained to me. I have not been guaranteed a certain result from these procedures. The risk of injury, despite precautions has been reviewed with me.

I understand that the plastic drainage tube (stent) is removable, while the metal drainage tube (stent) is permanently implanted and is not removable.

I understand that the more common risks, but not all of the risks of this procedure are:

1. Pancreatitis (inflammation within the pancreas which can be severe and life threatening).
2. Perforation (making a hole) in the bowel, bile duct, or pancreatic duct.
3. Hemorrhage (severe bleeding) that could require blood transfusions.
4. Infection, including abscess.
5. Adverse reactions to x-ray dye and medications that are given for the procedure.
6. Diabetes that could require insulin therapy.
7. Chronic disability.
8. Death is a remote possibility.

I further understand that emergency surgery and blood transfusions could be needed to correct the above complications and I authorize my physician to proceed with such emergency surgery as he may determine is necessary.

My questions regarding ERCP with Sphincterotomy, and Biliary Stent and Pancreatic Stent Placement have been satisfactorily answered and I consent to have Dr. _____

_____, and such assistants as he may designate, to perform upon these endoscopic procedures.

(myself or name of patient)

Print name

Signature of Patient or Person Authorized to Consent for the Patient

D.O.B: _____

Witness

2nd Witness (only if phone consent or patient makes his/her mark)